



CALIFORNIA
Highway Patrol



Standardized Field Sobriety Testing Instructor Course Request for instructor enrollment

Upon completion of this form, fax to the CHP DRE Unit at (916) 376-3333.

Date of Request: _____

Date of Class: _____

Location of Class: _____

Participating Agency: _____

Student Name: _____

Contact Phone Number: _____

Agency Fax Phone Number: _____

Student Phone Number (Work): _____

Date of Initial SFST Training Course: _____

(Fax a copy of your certificate of completion with this request.)

****Type of training requested****

_____ *DRE Instructor SFST Update - 8 hour course.*

_____ *Instructor SFST Update - 8 hour course. - POST certified instructors currently using NHTSA curricula-based SFSTs in field application.*

_____ *SFST Instructor - 36 hour course. Officers currently using NHTSA curricula-based SFSTs in field application, but not certified as an instructor.*

The participating Agency and Student agree to the requirements of this program set forth in the National Standards. By completing this request, the Agency accepts the services provided through this grant project.

The student is not enrolled in a class until you receive a confirmation fax confirming the student's enrollment.

For CHP Use Only

☐ Approved Authorized Signature _____ Date _____

☐ Denied Reason _____